

CLAIMS ONLY						Application Number 09/988384	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED	AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61	8	
12							62		
13							63		
14							64		
15							65		
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18							68		
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24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30		/					80		
31	/						81		
32	/						82		
33	/						83		
34	/						84		
35	/						85		
36	/						86		
37	/						87		
38	/						88		
39	/						89		
40	x						90		
41	x						91		
42	/						92		
43	/						93		
44	/						94		
45	/						95		
46	/						96		
47	/						97		
48	/						98		
49	/						99		
50	/						100		
Total Indep	6						Total Indep		
Total Depend	51						Total Depend		
Total Claims	57						Total Claims		